

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Children's Oral Health Program

**STATUTORY AUTHORITY:**

Title V of the Social Security Act

**GRANT PROGRAM NO.** 06-48-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support oral health prevention and promotion programs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$350,000 should be available in SFY 2006 (July 1, 2005 – June 30, 2006) to support oral health programs. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments, community-based agencies, hospitals and federally qualified health centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant must have an established history and proven capability to provide preventive oral health services to high need/risk children in underserved areas of the State. Applicant must have on site dental operatories that include the services of licensed dentists and registered dental hygienists or have the ability to arrange for dental/oral health services by another agency through a Letter of Agreement. \*Note that preference will be given to applicants that have dental operatories on site along with licensed dentists and registered dental hygienists on staff.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below).
2. Submit Letter of Intent to the Program.
3. Complete and submit a New Jersey Department of Health and Senior Services Grant Application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 943-5749

**FAX:** (609) 292-9288

**E-MAIL:** Beverly.Kupiec@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by January 28, 2005 for grants starting July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.